

LOOE URBAN DISTRICT COUNCIL

=====

THE



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1957

To the Chairman and Members of the
Looe Urban District Council.

Mr. Chairman, Mrs Couch and Gentlemen,

During the year 1957 the estimated total population of the Health Area increased by 220 as compared with 1956. There was a sizeable increase of 330 in Torpoint U.D. with smaller increases of 40 in Looe U.D. and 10 in Liskeard M.B. The estimated population fell by 60 in Liskeard R.D., 50 in St. Germans R.D. and 50 in Saltash M.B. Generally speaking there is in this part of Cornwall a small excess of live births over deaths, but in 1957 the position was reversed, and the total of live births - 691 - was one less than the total for deaths. The birth rate for the Health Area was 15.4 per 1000 of population as compared with the national figure of 16.1 per 1000. The still birth rate at 17.1 per 1000 total births was below the national figure of 22.4. The infant mortality rate at 17.4 per 1000 live births was also below the figure of 23.0 for England and Wales. I am glad to be able to report that during 1957 there were no maternal deaths.

During the year deaths in the Health Area totalled 692, an increase of 40 on the 1956 total. The death rate at 12.2 per 1000 of the population was slightly above the national rate of 11.5. The average age at death was 67 years for males, a small reduction on last years figure of 68 years. That for females was 73 years, the same as in 1956. Both figures are very close to those given by the Registrar General in the most recently published Abridged Life Tables for 1956 for England and Wales. Of the 692 persons who died during the year, 352 or 51% had attained or exceeded the age of 75 years at the time of death. The most prevalent cause of death was heart disease with various forms of cancer again holding second place. Of defined cancerous conditions, that affecting the windpipe and lung was most numerous although showing some reduction on the figure for 1956. It is again interesting to note that of the 21 persons who died as the result of accidents, in only 4 were motor vehicles implicated.

In recent years, and more particularly in my Annual Reports for 1956, I have written about the increase in deaths from bronchial and lung cancer and the probable connection between this disease and prolonged and/or heavy consumption of tobacco, especially in the form of cigarettes. There have been no great developments in the investigations which are going on into this important subject. I think it is generally agreed that as the factors which cause these cancers probably act over the course of many years the answers to the various problems posed by this disease will require the marshalling of facts, and figures over a long period before confident and generally accepted recommendations for prevention can be put forward. In the meantime the available evidence continues to suggest that cigarette smoking is the principal culprit, and one feels bound to continue to advise young adults to leave the tobacco habit alone since this is much more easily done than trying to break with it when once it has become firmly established.

The total number of cases of notifiable disease, other than tuberculosis, rose sharply from 480 cases in 1956 to 1466 cases in 1957. This was brought about by a sharp epidemic of measles in the Rural Districts of St. Germans and Liskeard, and the Borough of Saltash. The epidemic commenced in the Liskeard Rural District in January and from there it spread to Saltash Borough and St. Germans Rural District finally dying out in the latter district as late as October 1957. In spite of the large number of cases of measles notified - 1270 in all - there were no deaths from the disease. It is also remarkable that in Torpoint U.D., Liskeard M.B. and Looe U.D. the incidence of the disease was very light. I have noted this apparent immunity of children in some districts immediately adjoining measles epidemic districts in other measles epidemic years but am quite unable to give any convincing reason for it. Of the more serious infectious diseases there were two cases of poliomyelitis, one case of paratyphoid infection, and two cases of diphtheria. The case of paratyphoid infection was contracted in France. In the case of non-paralytic poliomyelitis the diagnosis was in some doubt, and it appeared that the disease, if present, was contracted outside Cornwall. Of the two diphtheria cases one was a 35 year old man too old to have been included in the immunisation programme which commenced in 1940. The other case was a 2 year old boy whose parents had refused or more probably just not bothered to

have him immunised. Whilst we must expect the occasional case of diphtheria in adults too old to have been included in the immunisation campaign from 1940 onwards, it is disturbing to find the disease in a young child for whom protection can be so readily obtained. In spite of the almost complete absence of diphtheria amongst children in recent years parents must appreciate that this happy state of affairs will continue only so long as they continue to have their young children protected by immunisation.

Whilst dealing with notifiable disease it is opportune to refer to the scheme for immunisation (vaccination) against poliomyelitis. During the year 1957 vaccination using vaccine produced in Britain continued at a relatively slow rate and by the end of the year some 1560 children only had been protected and a further 1406 children registered by their parents in June/July 1957 were still awaiting vaccination. Towards the end of the year it became evident that the relatively small amounts of British vaccine which could be produced would seriously delay the extension of the scheme to all children up to the age of 15 years, and it was therefore decided to import supplies of vaccine from Canada and the U.S.A. As a result of this, and in expectation of ample supplies from these new sources registration was extended to cover all children born between 1.1.43. and 30.6.57. and in December 1957 close on 8000 registration/consent cards were sent out to parents of eligible children through Head Teachers in schools and through Health Visitors and District Nurses. By the end of the year there was every hope, and expectation that the scheme would go forward at a much accelerated rate during the first half of 1958, and this has proved to be the case. In this Health Area I was most fortunate in securing the participation of all the General Practitioners in the Area in the poliomyelitis vaccination scheme and they have in fact dealt with close on 70% of the children registered. I should like to take this opportunity of expressing to them my very sincere thanks for the large part they have played in ensuring the success of this scheme. I must not close without including in these expressions of gratitude the Head Teachers of schools for allowing us to hold immunisation sessions in the schools, thereby dealing conveniently and expeditiously with large numbers of children. We hope and believe that the time spent and the effort put forth by all concerned will be repaid by a reduction in this disease.

As far as tuberculosis was concerned the year 1957 was a relatively good one with a reduction in the total number of cases notified to 21 as compared with 29 cases in 1956. The fall in the number of new cases of respiratory tuberculosis from 28 in 1956 to 17 in 1957 was especially gratifying since this form of the disease is normally more serious for the patient, and the infection is more easily spread and passed on to others than in the non-respiratory form of tuberculosis. The main weight of the disease fell on adults, and no less than 8 of the 17 new cases of respiratory infection were in persons aged 45 years or more. This confirms the impression which has gained support in recent years that tuberculosis is tending to become a disease of middleaged and elderly people. From this it follows that persons over the age of 45 who suffer from chronic cough or other disability connected with the chest should not too lightly assume that it is some less serious condition such as bronchitis, but should seek advice, and should in particular co-operate in any suggestion or arrangements for X-ray examination of their chest. There were four deaths from tuberculosis during 1957, an increase of three on the 1956 total. Of these four persons dying of tuberculosis, three were aged 65 years or more at the time of death and it is open to doubt whether tuberculosis appreciably shortened their span of life.

During 1957 a further group of children close to school-leaving age (those born in 1944) were skin tested and where necessary given B.C.G. vaccination. The response to this scheme designed to afford some measure of protection against tuberculosis to susceptible adolescents is on the whole well received by parents of whom only 7 per cent refused outright to consent to skin testing and vaccination. Of the 677 children eligible for inclusion in the scheme in 1957 the number eventually found to need B.C.G. vaccine and given it was 494. The number of children showing evidence of exposure at some time to tuberculosis infection (indicated by a positive skin test reaction) was 58. Subsequent follow-up of these children uncovered two hitherto unknown cases of active respiratory tuberculosis. One was a parent of the positively reacting child, and the other was another positively reacting child who on X-ray examination was found to have the disease.

Efforts to improve the standard of hygiene amongst personnel handling food and in premises in which food is handled continued throughout the year. The attitude of owners and occupiers of food premises to requests and suggestions made by the Public Health Inspectors was generally co-operative and it has been possible to bring

almost all premises up to a satisfactory standard as far as equipment is concerned. In such circumstances it should be possible to handle, sell, and serve food cleanly but in this as in most other activities the weak link in the chain is the human being. If owners, managers and employees do not take an intelligent and conscientious interest and pride in their calling the assistance given by well designed and comprehensively equipped premises may well be set at naught.

In the sphere of housing the main activity has been confined to the building of houses to replace those being dealt with under slum clearance schemes at Saltash and Torpoint. In Liskeard Borough efforts to acquire a new housing estate site to the east of the town continued. The development of this site will enable a start to be made on schemes for the clearance of many old and unhealthy dwellinghouses in various parts of the town.

Since the end of the war the extension in the use of the caravan for temporary and permanent living accommodation has given rise to some concern. In a holiday area, such as Cornwall is, the demand for temporary accommodation in caravans is very great indeed during the summer months, and much of this is met by caravans assembled in large numbers on camps or sites. Before such sites can be established and laid out for permanent use permission to do so must be obtained under two different heads. In the first place permission under Town and Country Planning legislation is required, and here this is not infrequently refused since collections of caravans are held to be detrimental to the amenities of a locality, and to detract from the landscape value. If the site is large and adjoins a major road carrying a large volume of traffic, considerations related to traffic congestion, and road safety may determine the refusal of permission for the site. If the necessary planning permission is not forthcoming either directly or on appeal to the Minister the use to which the site can be put for stationing caravans or camping is limited to a period not exceeding 28 consecutive days in a year. In face of such limitations the owner is naturally not inclined to spend more than is absolutely essential to develop and equip the site for the relatively short period of use permitted in any one year. Whereas in a large site permitted by the Planning authority one usually finds permanent sanitary blocks with water-carriage sanitation, good arrangements for collection of refuse and litter, metalled roads, and a neat and tidy lay-out, such is not usually the case in sites which fail to obtain planning permission and where the opportunity to use the site for more than 28 days does not exist. These latter sites display a more temporary make-shift lay out, with the minimum of facilities needed to avoid creating public health nuisances and complaints from visitors using the site. In spite of these drawbacks as compared with the large approved site, very full use can be and is made of these unauthorised sites during the 28 days they are legally permitted to operate, particularly if these 28 days fall during the peak holiday months of July and August. In such circumstances and under heavy pressure by caravans and campers on barely adequate toilet and other facilities, standards of hygiene and sanitation on the site may fall seriously and actual nuisances may be created. It appears to me that if caravan and camp sites fail to satisfy the requirements of planning and public health legislation, then the present loopholes which exist and may even tend to encourage the use of poorly equipped and unsuitable sites in an irresponsible manner dictated only by the profit motive should be closed by appropriate legislative measures. Whatever ones personal view about caravanning and camping, there is no doubt that as a means of holiday making it has increased greatly in recent years and must be accepted and catered for. In the interests of those who take their holiday in this way, and the local residents of localities containing camping and caravan sites, it seems essential that proper safeguards for the maintenance of good standards of hygiene, preservation of the appearance and amenities of countryside and coastline, and against the aggravation of local road traffic problems should be so written into the law of the land as to do away with present anomalies in this subject.

Apart from some building at Saltash and Torpoint to meet the needs of families who have to move from premises in slum clearance areas there has not been a great deal of activity in housebuilding by District Councils in the Health Area. Negotiations for the acquisition of land at Liskeard to accommodate a new housing estate for the Borough of Liskeard continued throughout the year. Until a start can be made on the development of this estate it is impossible to make any start on slum clearance schemes in the older parts of the town. The Minister of Housing and Local Government has recently reminded Local Authorities of the need to cater for retired and elderly people in their housing programmes. In the post-war anxiety to provide housing for families with young children the special requirements of elderly folk were generally overlooked, and many have continued to live in old sub-

standard houses which with the passage of years are becoming increasingly delapidated. In the past two years the slum clearance programme has brought to light many such old and very unfit properties with old persons as owner occupiers or more frequently as tenants. Although the houses are patently unfit and in some cases dangerous to the occupants it is extremely difficult to recommend closure or demolition in face of the uncertainty as to how the tenants will be rehoused. For most of the elderly tenants the lack of suitable alternative accommodation, other than in an institution, is a serious source of worry for which the only generally satisfactory solution is the provision in all future local authority building programmes of some dwellings for old folk.

In the field of water supply the main activity during 1957 was again in the Liskeard Rural District. The laying of distribution mains in the south-western section of the Rural District was completed before the end of the year and with the completion and opening of the treatment works and storage reservoirs of the Liskeard and District Water Board at St. Cleer in October 1957 ample supplies of filtered treated water became available for the 60 miles of mains now laid and serving the southern and western parts of the Rural District. In the autumn a start was made on the laying of mains and the installation of reservoirs and pumping plant to serve the northern part of the district. In other parts of the area which have for some years been generally well served by piped supplies minor improvements to extend and augment such supplies continued.

As far as sewerage and sewage disposal were concerned the only large scale work carried out was at Callington where a scheme costing £30,000 to renew old sewers in the town, and to construct treatment works was commenced. This will remove a long-standing nuisance caused by discharge of crude, untreated sewage in fields close to the town, and obviate the serious pollution of the River Lynher which this sewage caused. Further investigations required to finalise a scheme for sewage disposal for the Borough of Liskeard were just about complete by the end of the year. It now seems likely that the necessary public enquiry into this scheme can take place in the not too distant future.

I must apologise for the fact that this Annual Report will appear some weeks later than in previous years. The delay is due to the fact that I have during the first six months of 1958 been fairly heavily engaged in the poliomyelitis vaccination programme in schools and welfare clinics throughout the Health Area.

I should like to conclude this preface by again expressing my appreciation for the help and encouragement given me by Members of Councils and the various officers with whom I have worked during the year 1957.

I have the honour to be,

Your obedient Servant,

P. J. FOX.

Medical Officer of Health.

LOOE URBAN DISTRICT

Health and Highways Committee.

Councillor H.D. Miller Chairman.

Councillor L. Pengelly Vice-Chairman

together with eight other Members of the Council.

Health Officers of the Authority.

P.J. Fox, M.B., B.Ch., B.A.O., D.P.H.,
Medical Officer of Health.

J.C. Hicks, C.R.S.I.
Senior Public Health Inspector

J.R. Adderley (Resigned 25.5.57)
Additional Public Health Inspector.

J.E. Harvey (commenced 1.7.57)
Additional Public Health Inspector.

LOOE URBAN DISTRICT

Area of Urban District	1649.5 acres
Population (Registrar Generals Estimate)	3760
Number of Inhabited Houses	1397
Rateable Value	£64,876
Sum Represented by 1d Rate	£272.

Vital Statistics for 1957

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	14	22	36
	<u>Looe U.D.</u>	<u>Health Area</u> <u>No. 7.</u>	<u>England & Wales.</u>
Birth rate per 1000 of population	11.0	15.4	16.1
Still births	None registered		
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	30	22	52
	<u>Looe U.D.</u>	<u>Health Area</u> <u>No. 7.</u>	<u>England & Wales</u>
Death rate per 1000 of population	10.6	12.2	11.5
Maternal Deaths	None registered		
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths of infants under one year of age	1	-	1
	<u>Looe U.D.</u>	<u>Health Area</u> <u>No. 7</u>	<u>England & Wales</u>
Infant mortality rate per 1000 live births	27.8	17.4	23.0

Principal Causes of Death at All Ages

Heart disease	26
Cancer (all sites)	10
Respiratory disease	4
Vascular lesions of the nervous system ("stroke")	4
Circulatory disease	2
Digestive disease	2

Average Age at Death

<u>Male</u>	<u>Females</u>
68	76

The excess of deaths over births was quite marked in spite of the fact that the corrected death rate was not high. This is almost certainly due to a preponderance of elderly persons in the population many of whom probably come from other parts of the country to spend their years of retirement in Looe. The commonest cause of death was again heart disease, whilst cancer caused less deaths than in 1956. The average age at death though not so high for females as in 1956, was above local and national figures. Of those who died during the year 52% had attained the age of 75 years or over at the time of death.

Infectious Disease. The incidence of infectious disease was relatively light during 1957 when a total of 37 cases was notified. Of the more serious infectious diseases there was one case of diphtheria in March in a 2 year old child whose parents had neglected to have him immunised against this disease.

Infectious Disease (continued). In the middle of August a 5 year old boy contracted paralytic poliomyelitis. The Source of infection was not discovered and there were no other cases.

The following are details of cases and case rates of infectious disease during the year:-

<u>Disease</u>	<u>Actual</u>	<u>Rates per 1000 of population</u>	
	<u>Numbers</u>	<u>Loos U.D.</u>	<u>Health Area No. 7.</u>
Measles	22	5.85	24.79
Pneumonia	11	2.93	1.02
Whooping Cough	1	0.27	2.23
Dysentery	1	0.27	0.02
Diphtheria	1	0.27	0.04
Paralytic poliomyelitis	1	0.27	0.02

There were no deaths attributable to infectious disease during the year.

Tuberculosis The year 1957 was a relatively good one as far as this disease was concerned two cases only being notified. One case of non- respiratory infection involved a 5 year old child resident. The other, a case of respiratory infection occurred in a visitor staying in the town. There is no doubt that the man concerned came to Looe with well established respiratory tuberculosis in the hope that the mild and equable climate would improve his condition. This however deteriorated further during his stay in Looe when it became clear that he was suffering from tuberculosis, and he returned to his home in the Midlands to undergo treatment.

The following are details of cases and case rates for 1957:-

<u>Age Group</u>	<u>New Cases</u>		<u>Deaths</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 1	-	-		
1 - 5	-	-		
5 -15	1	-		None
15 -45	-	-		registered
45 -65	1	-		
65 and over	-	-		
	<u>2</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>Rates per 1000 of population</u>		<u>Health Area No. 7.</u>	
	<u>Loce U.D.</u>			
New Cases	0.53		0.41	
All known cases	7.45		6.85	
Deaths	-		0.08	

At the end of the year there were 23 known cases of respiratory tuberculosis and 5 known cases of non-respiratory tuberculosis resident in the Urban District.

National Assistance Act, 1948. No action under Section 47 of this Act was called for during 1957.

Water Supply. This was generally adequate and of excellent quality throughout the year. It is hoped that arrangements can soon be put in hand to afford a more constant and adequate supply to residents on the higher ground in West Looe where during the height of the holiday season heavy draw-off of water at the lower levels causes temporary but none the less exasperating shortages.

Sewerage and Sewage Disposal. The only development to report here is the decision of the Council to employ Consulting Engineers to prepare an outline scheme for sewage disposal for the town.

Food. Regular inspections of hotels, guest houses, catering establishments and food shops were carried out during the year, and a generally satisfactory standard was achieved and maintained. Owners and managers were co-operative in carrying out any suggestions for improvements in working methods and equipment. In spite of the very large influx of holidaymakers during the summer months no cases of food poisoning were notified in the Urban District.

Factories Acts 1937 and 1948. The administration of these Acts caused no difficulty during the year.

Report of Senior Public Health Inspector. This report by Mr. J.C. Hicks follows. I should like to express to Mr. Hicks and Mr. J.E. Harvey, the Additional Public Health Inspector my gratitude for the help given me at all times during the year.

Factories, Workshops and Bakehouses.

These were periodically inspected:-

1. Inspections for purposes of provision as to health (Including inspections made by Public Health Inspectors) Factories Act, 1937.

	<u>No on Register</u>	<u>Inspections</u>
(i) Factories in which sections 1,2,3, 4 and 6 are to be enforced by Local Authorities	8	18
(ii) Factories not included in (i) in which Section 7 applies	-	-
(iii) Others	<u>3</u>	<u>14</u>
	<u>11</u>	<u>32</u>

2. Cases in which defects were found.

<u>Particulars</u>	<u>Defects Found.</u>	<u>Defects Remedied</u>	<u>Referred to H.M. Inspector.</u>
Want of Cleanliness (S1)	2	2	-
Ineffective drainage of floors	-	-	-
Sanitary Convenience	1	1	-
Other	-	-	-
	<u>3</u>	<u>3</u>	<u>-</u>

Housing

During the year a block of four Council Flats was commenced at Sunrising Estate.

Hot water systems were installed in 60 Houses at Woodlands View and 8 Houses at Polvellan Terrace. All Council houses are now provided with a Hot Water system.

Twenty two Private Enterprise Houses were erected and completed, with a further thirteen under construction.

Periodical inspections were made of all Council Houses.

Total number of Houses inspected 674

Drains inspected and tested 40

Sewerage

The piping of sewage from the culvert under the Ferry Steps of West Looe Quay to a position approximately 40 yards out in the Harbour was completed. The sewer outfall situated below Bodrigan Hotel was renewed and lengthened.

The bulk of the Sewerage in Looe still discharges into the Harbour and River. A survey revealed that there are 26 sewer outfalls in this area alone.

Refuse.

The number of premises from which refuse is collected is 1638. A twice weekly collection is made during the Summer season, and a weekly collection during the winter. The refuse is disposed of by Incinerator.

Food and Drugs Acts, 1955.

During the year the following has been condemned as unfit for human consumption:-

	lbs	ozs
Cooked Tongue	18	0
Lancheon Meat	57	10
Calves Liver		10
Tomato Puree	180	0
Corned Beef	18	12
Cooked Ham	68	11
Plums	70	13
Peas	58	2
Carrots	12	10
Fresh Meat	57	8
Prawns	32	0
Salmon	14	0
Soup	1	15
	<u>590lbs</u>	<u>11ozs</u>

Ice Cream.

There are three Ice Cream Manufacturers in the Urban District who supply a considerable amount of Ice Cream to other towns in Devon and Cornwall.

Regular inspections of these premises have been carried out and a satisfactory standard of cleanliness has been maintained in respect of premises, equipment and personnel.

During the year 114 samples of Ice Cream were submitted for bacteriological examination, the results are set out below:-

GRADE 1	GRADE 2	GRADE 3	GRADE 4
82	22	6	4

Investigations regarding the Grade 4 Samples revealed that the Manufacturer had changed his detergent and was not using a sufficient quantity to do the necessary cleansing.

Of the samples it is satisfactory to note that 91% are in Grade 1 or 2, as against the Ministry requirement of 80%, 5 $\frac{1}{2}$ % in Grade 3 whereas the Ministry recommendation is not more than 20%, 3 $\frac{1}{2}$ % in Grade 4 as against Nil in the Ministry recommendation..

Food Hygiene.

Regular inspection of all Food premises has been maintained, and generally speaking all concerned have co-operated to their utmost to see that premises and personnel are kept in a good state of cleanliness.

Special care has to be taken with Seasonal Staff employed by a number of Cafes, Hotels etc. These seasonal workers are constituted mainly of University Students, who have much to learn about the menial task of serving food,

Food Hygiene (continued)

Number of Inspections:-

Clubs and Public Houses	39
Cafes	187
Hotels	95
Guest Houses	72
Butchers	115
Fish Shop	39
Grocers	146
Greengrocers	37
Bakehouses	121
Confectioners and Ice Cream	73
Ice Cream Manufacturers	47
School Canteen	13
Stalls (Vans)	37

1071

====

Number of Contraventions Found under
the Food Hygiene Regulations 1955 and 1956

32

No of contraventions complied with

33 (one from previous year)

Food Canning

During the year the following pilchards were tinned at the
Local Canning Factory:-

14 oz Oval Cans	303636
7 oz Oval Cans	803663
No. 1 Tall Cans	35219
6 oz Tall Cans	5612
7 $\frac{3}{4}$ oz Flat Cans	<u>158921</u>
Total	<u>1307051</u>

Fodent Control

All sewers received treatment during the year. 33 Premises
have all received treatment.

Infectious Diseases.

Two premises were disinfected following cases of infectious
disease.

J.C. HICKS

Public Health Inspector.
Looe Urban District Council.

APPENDIX 1.

PRINCIPAL CAUSES OF DEATH - ALL AGES- 1957.

DISEASE	ST. GERMANS R.D.	LISKEARD. R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE UD	HEALTH AREA 7
Heart Disease	71	76	40	8	57	26	278
Cancer (all sites)	35	23	13	11	13	10	105
Vascular lesions of the nervous system ("stroke")	26	21	18	7	17	4	93
Respiratory disease	25	11	7	7	8	4	62
Circulatory disease	5	8	6	2	7	2	30
Accidents	2	6	4	4	5	-	21 x
Digestive disease	2	1	3	1	3	2	12
Genito-urinary disease	3	4	1	2	-	1	11
Diabetes	2	4	-	1	1	-	8
Suicide	3	1	1	-	1	-	6
Tuberculosis	1	2	1	-	-	-	4

x Includes 4 deaths in motor vehicle accidents

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1957.

TYPE OF DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA 7
Coronary disease, angina	22	33	21	2	4	9	91
Hypertension with heart disease	6	3	1	1	-	2	13
Other heart disease	43	40	18	5	53	15	174
Cancer of lung & bronchus	7	4	2	-	-	2	15
Cancer of stomach	5	2	1	4	2	-	14
Cancer of breast	4	2	-	-	-	2	8
Cancer of uterus	2	1	2	-	1	-	6
Other Cancers	17	14	8	7	10	6	62

APPENDIX 3.

DEATHS BY AGE GROUPS - 1957.

DISTRICT	0 - 5 YEARS	5 -15 YEARS	15 - 45 YEARS	45 - 65 YEARS	65 - 75 YEARS	75 Years AND OVER	ALL AGES
ST. GERMANS R.D.	3	1	5	41	52	100	202
LISKEARD R.D.	4	-	7	29	49	86	175
SALTASH M.B.	2	-	4	22	24	48	100
TORPOINT U.D.	5	-	2	11	11	18	47
LISKEARD M.B.	-	-	1	13	29	73	116
LOOE U.D.	1	-	1	11	12	27	52
HEALTH AREA NO. 7	15	1	20	127	177	352	692

APPENDIX 4.

AVERAGE AGE AT DEATH - 1957.

DISTRICT	MALES	FEMALES
ST. GERMANS R.D.	67	74
LISKEARD R.D.	69	73
SALTASH M.B.	65	75
TORPOINT U.D.	63	59
LISKEARD M.B.	72	80
LOOE U.D.	68	76
HEALTH AREA NO.7	67	73

APPENDIX 5

TUBERCULOSIS

NEW CASES AND DEATHS IN HEALTH AREA NO. 7 - 1957.

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
0 - 1 YEAR	-	-	-	-
1 - 5 YEARS	1	-	-	-
5 - 15 YEARS	1	1	-	-
15 - 45 YEARS	5	4	1	-
45 - 65 YEARS	5	2	-	-
65 YEARS AND OVER	1	1	2	1
TOTALS	13	8	3	1

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
NEW CASE RATE PER 1,000 OF POPULATION	0.25	0.16	0.41
MORTALITY RATE PER 1,000 OF POPULATION	0.06	0.02	0.08

CASE RATES AND MORTALITY RATES PER 1,000 OF POPULATION
IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO. 7 - 1957.

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES. AT 31.12.57</u>	<u>DEATHS</u>
ST. GERMAN'S R.D.	0.19	6.59	0.06
LISKEARD R.D.	0.50	5.46	0.14
SALTASH M.B.	0.94	7.93	0.13
TORPOINT U.D.	-	8.32	-
LISKEARD M.B.	0.46	7.87	-
LOOE U.D.	0.53	7.45	-
HEALTH AREA NO. 7	0.41	6.85	0.08
CORNWALL COUNTY	0.65	7.39	0.12

APPENDIX 6

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS AND SEXES.-1957

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
15 - 45	-	-
45 - 65	7	-
65 - 75	4	-
75 AND OVER	2	2
TOTALS	13	2

CANCER OF THE LUNG AND BRONCHUS
DEATH RATE PER 1000 OF POPULATION - 1957.

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO. 7	0.254	0.039	0.293
CORNWALL COUNTY	0.244	0.049	0.293
ENGLAND AND WALES	0.366	0.059	0.425

